STATE OF CALIFORNIA - PERSONNEL ADMINISTRATI Travel Expense Claim					See Instructions and *Privacy						Pg.	1	of	1	
STD. 262 (Rev. 7/2005)					Statement on Re								. 01	·	
Claimants Name							SSN or Employee Number *				Department				
Chris Murphy Position				CB/ID #			Division or Bureau				Office of Traffic Safety			mbor	
Position				(B) #			Division of Bureau						Index Number		
Residence Address							Headquarters Address 2208 Kausen Dr. Ste 300						Telephone Number 916 509-3030		
City				State Zip Code							State		Zip Code		
Elk Grove				CA 95758			Elk Grove				CA		95758		
(1) Month/Yr				(5) Mea	ls			(7) T	ransport						
Dec 2009		(3) LOCATION WHERE EXPENSES	(4)	Break -		O.T., L/T, N/C,	(6) Incide	(A)	(B)	(C) carfare.	. ,	Private r Use	(8) BUSINESS	(9) TOTAL EXPENSES	
(2) Date	Time	WERE INCURRED	Lodging	fast	Lunch	Relo. Or Dinner		Cost of Trans.		tolls,		Amount	EXPENSE	FOR DAY	
12/8	5:00	Elk Grove to Annapolis MD	142.38	6.00	10.00	18.00		334.40	A	39.00	24	13.20	50.00	\$612.98	
12/9		Elk Grove to Annapolis MD	142.38	6.00		18.00				9.00		0.00		\$175.38	
12/10		Elk Grove to Annapolis MD	142.38	6.00	10.00	18.00				9.00		0.00		\$185.38	
12/11	15:45	Elk Grove to Annapolis MD		6.00	10.00					34.00	24	13.20	50.00	\$113.20	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
(10) SUBTOTALS 427.14 24.00 30.00 54.00 0.00 334.40 91.00 48 26.40 100.00 COLUMN CODE (ACCTG. USE ONLY)												100.00			
CLAIM TOTAL													\$1,086.94		
12/8-12/11 - GHSA Exec. Board Mtg 08:0											NORMAL WORK HOURS) - 17:00				
										(13) PRIVATE VEHICLE LICENSE					

(14) MILEAGE RATE CLAIMED \$0.550

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as presecribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE